MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 01/009285

FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		#	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
1	1		1					51						
2		1		1				52						
3	1		1		1			53						
4		1		1				54						
5		2		1				55						
6		2		1				56						
7		2		1				57						
8		2		1				58						
9		2		1				59						
10		1		1				60						
11		1		1				61						
12		1		1				62						
13								63						
14				1				64						
15				1				65						
16								66						
17				1				67						
18								68						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2		2					TOTAL IND.						
TOTAL DEP.	15		15					TOTAL DEP.						
TOTAL CLAIMS	17		17					TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)